

Warrick County Health Department
107 W. Locust St., Suite 204
Boonville, IN 47601

Phone: (812) 897-6105 (Ext.5)

Fax: (812) 897-6104

Application for 2022 Food Permit: Temporary
Establishment

All fields must be completed

Facility Name: _____

Address: _____ Email: _____

City: _____ State: _____ Zip: _____ Phone: _____ Fax: _____

Owner Name: _____

Address: _____ Email: _____

City: _____ State: _____ Zip: _____ Phone: _____ Fax: _____

Which address should FUTURE APPLICATIONS/PERMITS be mailed to? Facility: ____ Owner: ____

Manager Name: _____

Certified Food Safety Employee(s): _____

ATTACH COPY OF CERTIFICATE(S)

EVENT COORDINATOR NAME AND CONTACT INFO: _____

NAME & LOCATION OF EVENT: _____

DATE(S) AND TIME OF EVENT: _____

FOOD SERVICE PERMIT	
\$25.00 PER DAY	
# OF DAYS _____	X \$25.00 FEE _____

Amount Submitted: \$ _____

Method of Payment: Cash ____ Check ____ Money Order ____ Credit Card ____

Signature _____

Date _____

Printed Name _____

Title _____

For office use only: Permit # _____